The Pancreas Center

Columbia University Medical Center
Herbert Irving Comprehensive Cancer Center

NewYork-Presbyterian

Welcome to the 13th Annual Pancreatic Cancer Awareness Day!

November 3, 2018

AGENDA

Annual Pancreatic Cancer Awareness Day
Saturday, November 3, 2018
1:00-3:00PM

Welcome: Pancreatic Cancer Overview
John Chabot MD

Patient Video Testimonials

Surgery
Beth Schrope MD, PhD

Chemotherapy
Gulam Manji MD, PhD

Genetics
Elana Levinson MS, MPH

Psychiatry Clinical Programs
Ian J. Sadler PhD

Pancreas Center Support Group
E. Angie Heller LMSW

Closing Remarks: Thank You
Francine Castillo MS

Audience Questions
Meet with our Experts/ Health Fair
Location: Riverview Terrace

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Welcome

John Chabot MD
Medical Director
The Pancreas Center

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Every patient's journey is unique.

We are sharing these two stories as sources of inspiration and hope.

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Sylvia George
Diagnosis:
Pancreatic Adenocarcinoma

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Kerry Alvarado
Diagnosis:
Pancreatic Adenocarcinoma

What are the Symptoms of Pancreatic Cancer ?

- Painless jaundice
- Significant weight loss
- Abdominal pain or discomfort

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Finding The Pancreas Center

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Battle Against Pancreatic Cancer Begins: Surgery

Sylvia George

Hospital Stay: 6 days

Complications: None

“Hospital Staff and Physicians were great and attentive. I received amazing treatment while in the hospital.”

Kerry Alvarado

Hospital Stay: 10 days

Complications: None

“The Nursing Staff was great and very pleasant. Dr. Chabot and his team were wonderful!”

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I Was Referred to a *Surgeon…*

Beth Schrope MD, PhD

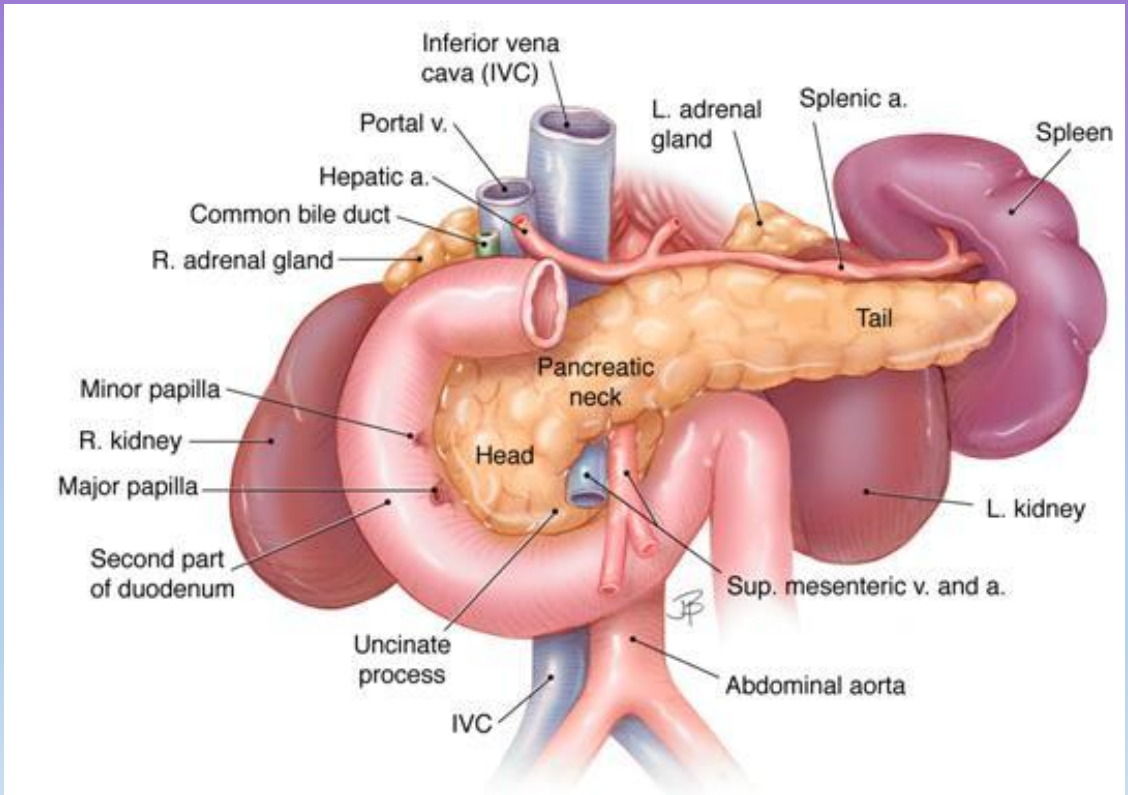
So Many Questions

- Do I need surgery?
- Who is eligible for surgery?
- Where is the pancreas anyway?
- What is it like? How big will the incision(s) be? How long will it take?
- What are the risks?
- What can I do before surgery to make it the best possible outcome?
- What is recovery like? How long will I be in the hospital? Will I be in pain?
- What are some potential long terms effects of pancreas surgery?
- What treatment will I need after surgery and when will it start?
- What if I can’t have surgery?

Do I Need Surgery?

- In pancreas cancer treatment today, surgery is the first step toward a cure.
- Unfortunately more than half of all people diagnosed with pancreatic cancer are not eligible for surgery.

Where Is The Pancreas Anyway?



How Will the Surgeon Determine If and When I Can Have Surgery? And Which Procedure?

- Imaging – CT and/or MRI scans of the abdomen, PET scan
  - Where is the tumor located in the pancreas?
  - Does the tumor touch any of the major blood vessels and if so, how extensively?
  - Is there metastatic disease? Most commonly found in liver, also lungs, bone, other sites.

- Endoscopic procedures – EUS – for biopsy and a closer look at the blood vessels

“Locally Advanced Disease”

- Makes surgery technically challenging as well as decreasing the chances of completely removing the tumor.
- In some cases chemotherapy and/or radiation may come *before* surgery, to ‘downstage’ the tumor and make complete removal by surgery possible and safer.
- Local ablation techniques (“Nanoknife”) may be utilized to either ensure that there is no disease left behind, or in some cases to ablate a small tumor that cannot be removed safely.

What is Surgery Like?

- Some can be performed using minimally invasive techniques (laparoscopy, robotic) – depends on location of tumor, experience of surgeon, vessel involvement, patient-related factors such as obesity.
- Many surgeries will start with a “diagnostic laparoscopy”.
- Open surgery means either an incision up-and-down in the middle of the upper abdomen, or across the abdomen below the ribs. The size of the incision is related to tumor extent, complexity of operation, patient body habitus.
- Complex vascular reconstructions may necessitate harvest of a vein from the neck.
- Length of surgery can be 2 hrs, 6 hrs, or more–“as long as it takes”.

What Are the Risks of Surgery?

- Bleeding possibly requiring a blood transfusion
- Pancreatic leak
- Delayed gastric emptying
- Infection
- Venous thrombosis or blood clots
- Death

What Can I Do Before Surgery to Ensure the Best Possible Outcome?

- Try to eat a diet rich in protein, low in fact. Frequent small meals may be easier. Nutritional shakes (e.g. Ensure, Glucerna) are helpful for some patients.

- It's never too late to quit smoking!

- Keep active – even two or three 15 minute walks a day can decrease the risk of blood clots.

How Long Will I Be In the Hospital? What Will That Be Like?

- "Typical" hospital stays for distal pancreatectomy 5 – 7 days, Whipple 7 – 10 days, total 7 – 14 days.

  (As long as you need to be.)

- Right after surgery will be transferred to a monitored nursing unit (recovery room, ICU).

- Most people are breathing on their own after surgery, though in some more complex cases a person may need to stay on a ventilator for a bit longer after surgery is complete.

Hospital Continued…

- You may have one or more drains – tubes coming out of the abdomen with fluid collecting in a little bag.
- These are temporary.
- They help us “spy” for complications such as leaks.
- They are removed “at the bedside” when we are reasonably sure there is no leak or infection, in the hospital or even in the office.
- If there is a leak, very, very often these drains control the leakage until it heals on its own.

Hospital Continued…

- One or two or perhaps more days after surgery you will be allowed sips of clear liquids, to test if your stomach is “ready” for food.
- It is not uncommon to experience nausea or even vomit. This usually means your stomach has not recovered enough to handle food.
- This is called “delayed gastric emptying” and is common, happening in 15 to 30% of people who have had pancreatic surgery.
- We may start medications to try to “jump start” the stomach. We may even need to start intravenous nutrition if this period is prolonged.
- Rarely this is caused by other complications including anastomotic leak or bleeding – daily blood tests and perhaps a CT scan if suspicion is high are used to screen for these complications.
- The stomach always comes back.

A Word About Diabetes

- If you were diabetic before surgery we will consult our endocrinologists to assist in managing your blood sugar in the hospital, and to determine what medications you will be discharged with – very often not the same medications you were on before surgery.

- If your blood sugar seems very high after surgery we may also ask them to help in managing your sugar, and to teach you about diabetes. This entails learning how to use a glucometer to measure your glucose level yourself, and how and how much to give insulin to yourself.

When Can I Leave the Hospital?

- When you are ready.
- Eating “enough”, pain controlled with oral pain meds.
- In some cases you may be discharged with IV nutrition, with visiting nurse services arranged if necessary.
- Some patients may need to spend some time in a rehab facility before going home. This will be determined and arranged in the hospital in the days after surgery.

What Will Those First Days at Home Be Like?

- Probably similar to the hospital – but in your own bed!
- Frequent small meals, maybe Ensure or other nutrition drink
- Expect to feel tired and need to rest frequently
- Do try to walk at least a little
- Feel free to call the office with questions or concerns – particularly for things such a fever, increased pain, vomiting, or changes in the incision or drains.

What Are the Long-Term Effects of Pancreatectomy?

- Exocrine insufficiency or malabsorption
  - Characterized by excess gas, diarrhea, low vitamin levels.
  - Pancreatic enzyme pills and vitamin supplements.

- Endocrine insufficiency or diabetes
  - Incidence in 10-15% (except for total pancreatectomy where it is 100%)
  - May require insulin, careful attention to diet.

When Do I See the Surgeon Again? What About the "Biopsy" Report?

- You will come in for a check-up within two weeks of discharge. Frequency of follow-ups after that will be determined by your individual situation.

- The pathology report may be ready before you leave the hospital. If not, your surgeon will discuss it with you when you return to the office.

Will I Need Chemotherapy? When Do I Start That?

- Most pancreatic cancers, even Stage I, have been shown to benefit from chemotherapy.
- You will be referred to a medical oncologist for a discussion on the best treatment plan for you, based on your overall health and you individual cancer.
- You will start that when you have sufficiently recovered from surgery; ie., you are eating better, wounds have healed, drains are out. This is typically 6 to 8 weeks after surgery.

What If … I Can't Have Surgery? What Do I Do?

- Your surgeon will refer you to a medical oncologist to discuss your options based on your individual situation. This may include chemotherapy, clinical trials, radiation, or even an informed choice to have no treatment.

- A palliative care specialist made also be recommended based on your individual situation.

My Advice

- Get the big picture, the whole plan.
- Surgery, chemo, radiation, staging, prognosis – it can be overwhelming.
- But then ***take it one day at a time***.

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Sylvia and Kerry Share Their Experiences with Chemotherapy

Sylvia's Chemotherapy Treatment

- Neoadjuvant: Folfirinox + SBRT
- Adjuvant: Gemcitabine/Abraxane

- Side Effects
  - Nausea
  - Hair Loss
  - Weight Loss

Kerry's Chemotherapy Treatment

- Adjuvant: Gemcitabine/Abraxane; Folfirinox
- Side Effects
  - Nausea
  - Hair Loss
  - Weight Loss
  - Diarrhea
  - Joint Pain
  - Tiredness
- Currently on a clinical trial: Pembrolizumab/Azacitidine (No Side Effects)

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Pancreatic Cancer Current and Emerging Treatments

Gulam Abbas Manji MD,PhD
Assistant Professor of Medical Oncology
Columbia University Medical Center

Disclosures

- Roche
  - Steering Committee
  - Research Funding
- Plexxikon
  - Research Funding
- MERCK
  - Research Funding

Anatomy

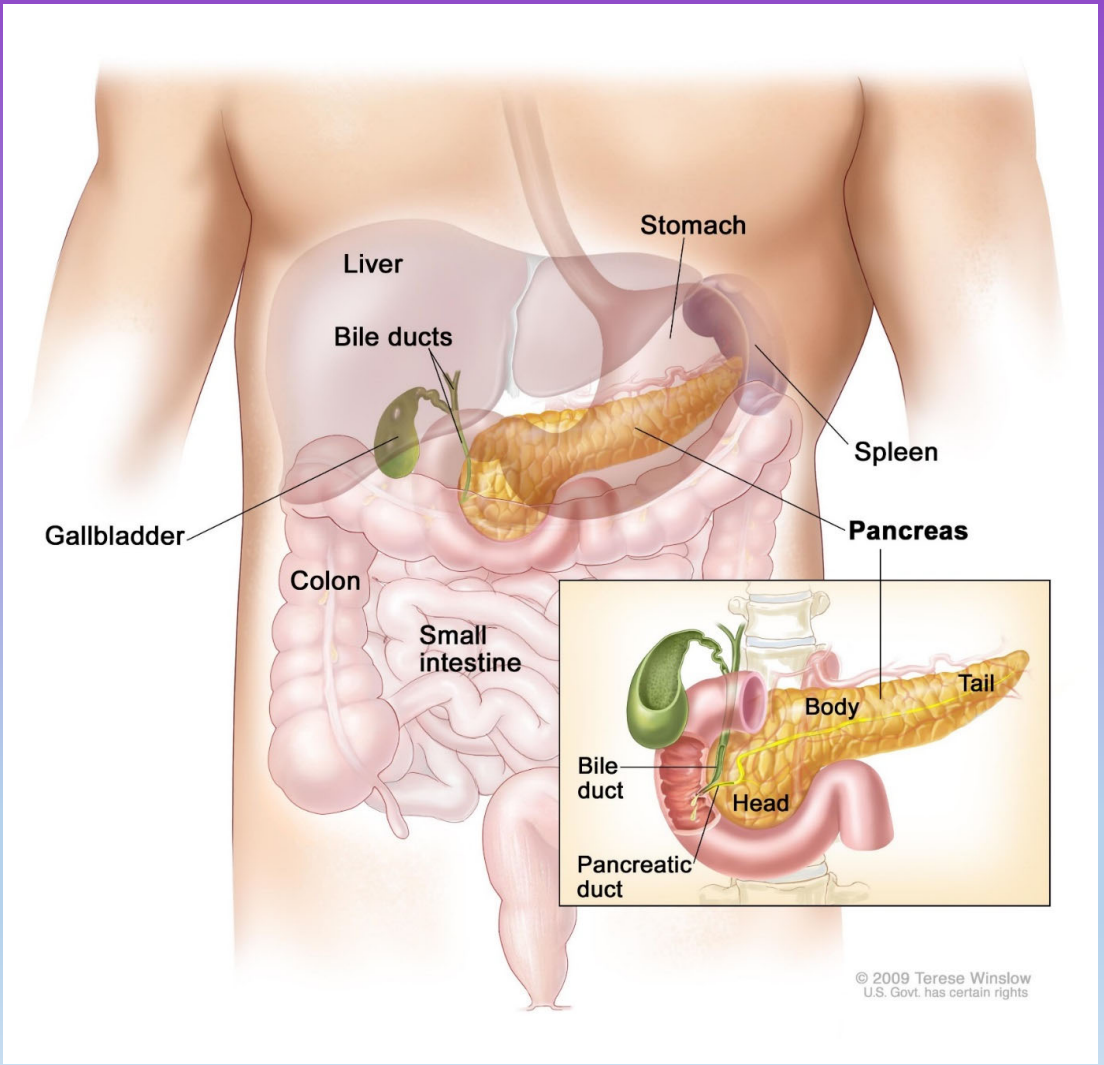


image from National Cancer Institute
https://www.cancer.gov/types/pancreatic/patient/pancreatic-treatment-pdq

Pancreas Adenocarcinoma - Epidemiology

2015 SEER [2005-2011]

48,960 new cases (3.0%)
40,560 estimated † (6.9%)
Median 71y (dx.) and 73y (†)

Risk factors

Smoking, obesity, diabetes
Syndromes –
Chronic inflam. (Her. pancreatitis, CF)
Hereditary tumor predisposition
Familial pancreatic cancer

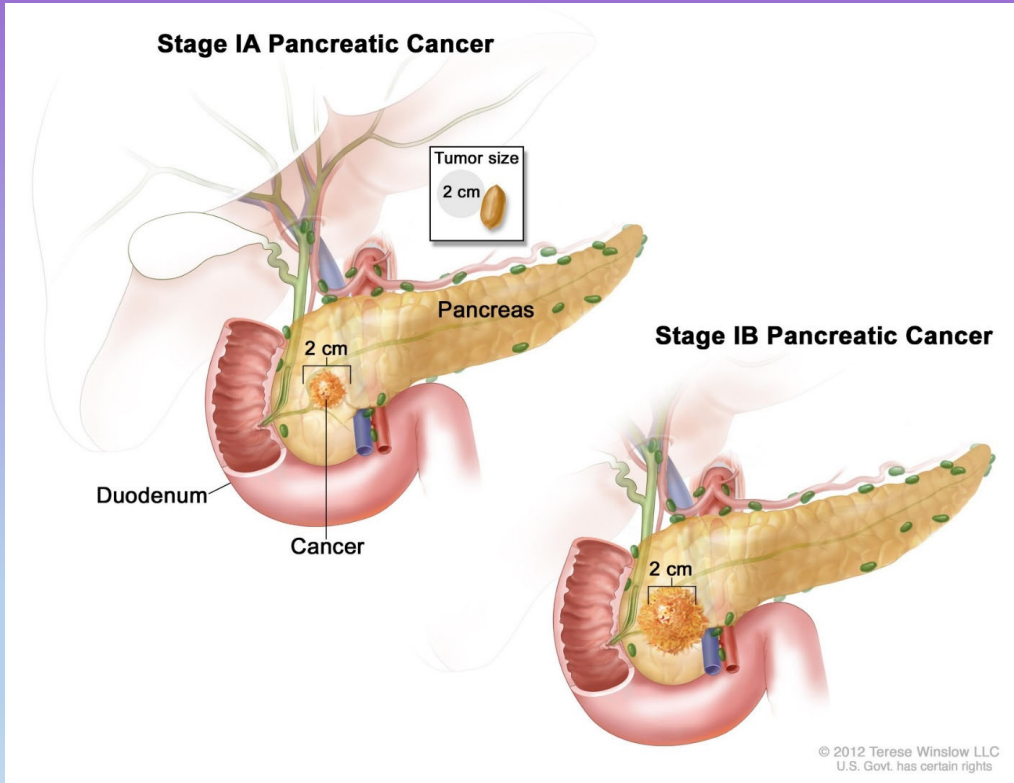
SEER [2005-2011]

Stage	Distribution (%)	5y OS (%)
Localized	9	27.1
Regional (LNs)	28	10.7
Distant	**53**	**2.4**
Unknown	10	4.4

Pancreas Adenocarcinoma - Staging

- Primary Tumor (T) –
  - Location, size, and involvement of vessels
- Regional Lymph Nodes (N) –
  - Location (regional or metastatic) and number of lymph nodes
- Distant Metastases –
  - Location of metastatic site

Anatomy – Stage 1 and 2



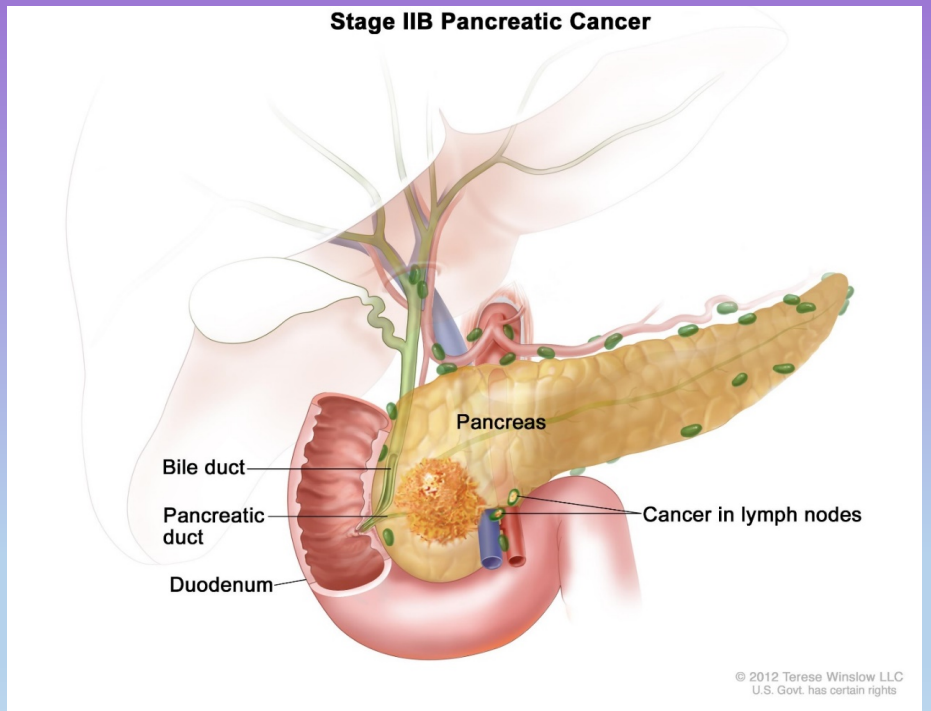
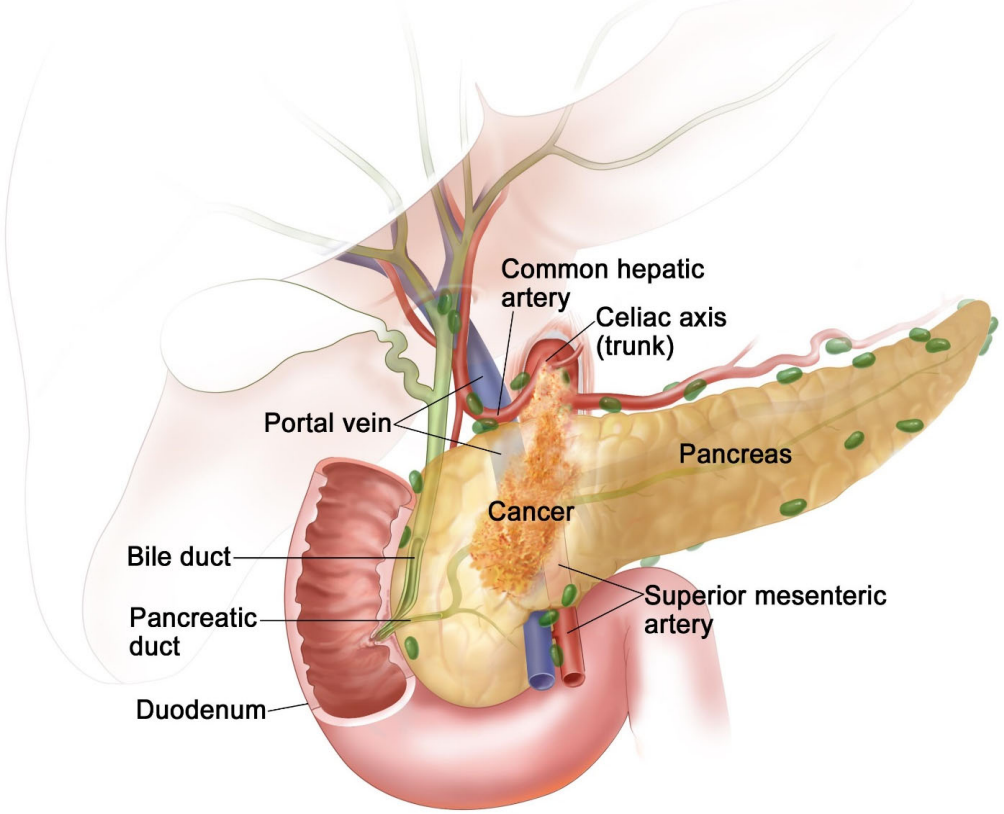


image from National Cancer Institute
https://www.cancer.gov/types/pancreatic/patient/pancreatic-treatment-pdq#section/_139

Anatomy – Stage 3 and 4



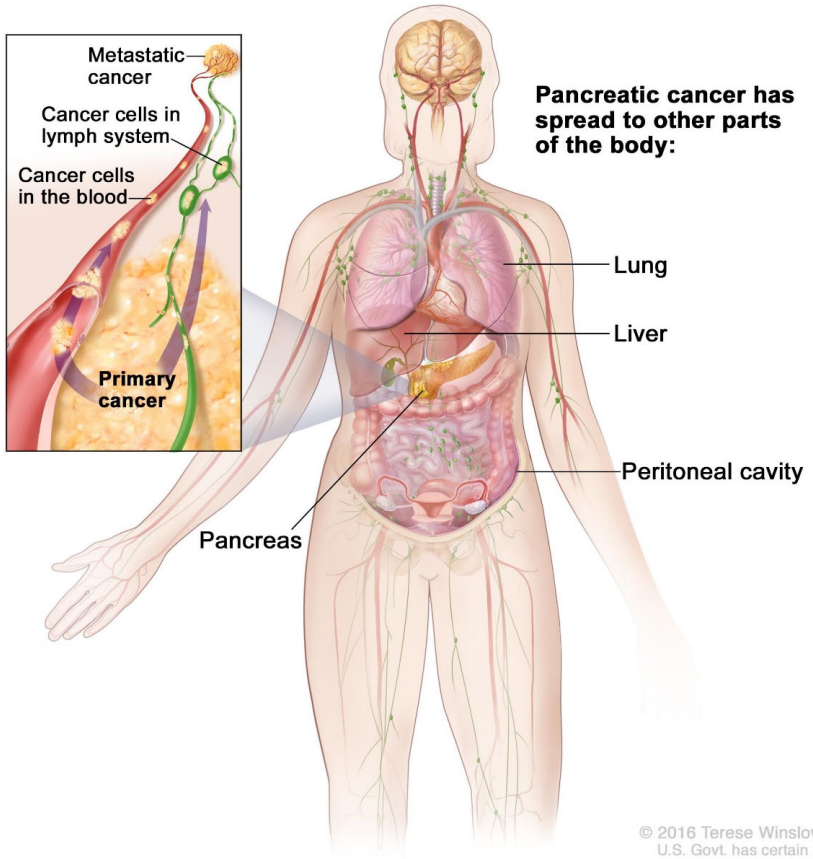


image from National Cancer Institute
https://www.cancer.gov/types/pancreatic/patient/pancreatic-treatment-pdq#section/_139

Pancreas Adenocarcinoma – After Surgery

Adjuvant – CONKO-001

Gemcitabine vs. Placebo 6m

07/1998 – 12/2004 ; Follow-up through 09/2012

5y OS	20.7% vs. 10.4%
10y OS	12.2% vs. 7.7%

Oettle H, et. al. 2013. *JAMA*. 310: 1473-81

Adjuvant – ESPAC-4

Gemcitabine vs. Gemcitabine with Capecitabine 6m

(N – 732)

11/2008 – 11/2014 ; Follow-up through 09/2016

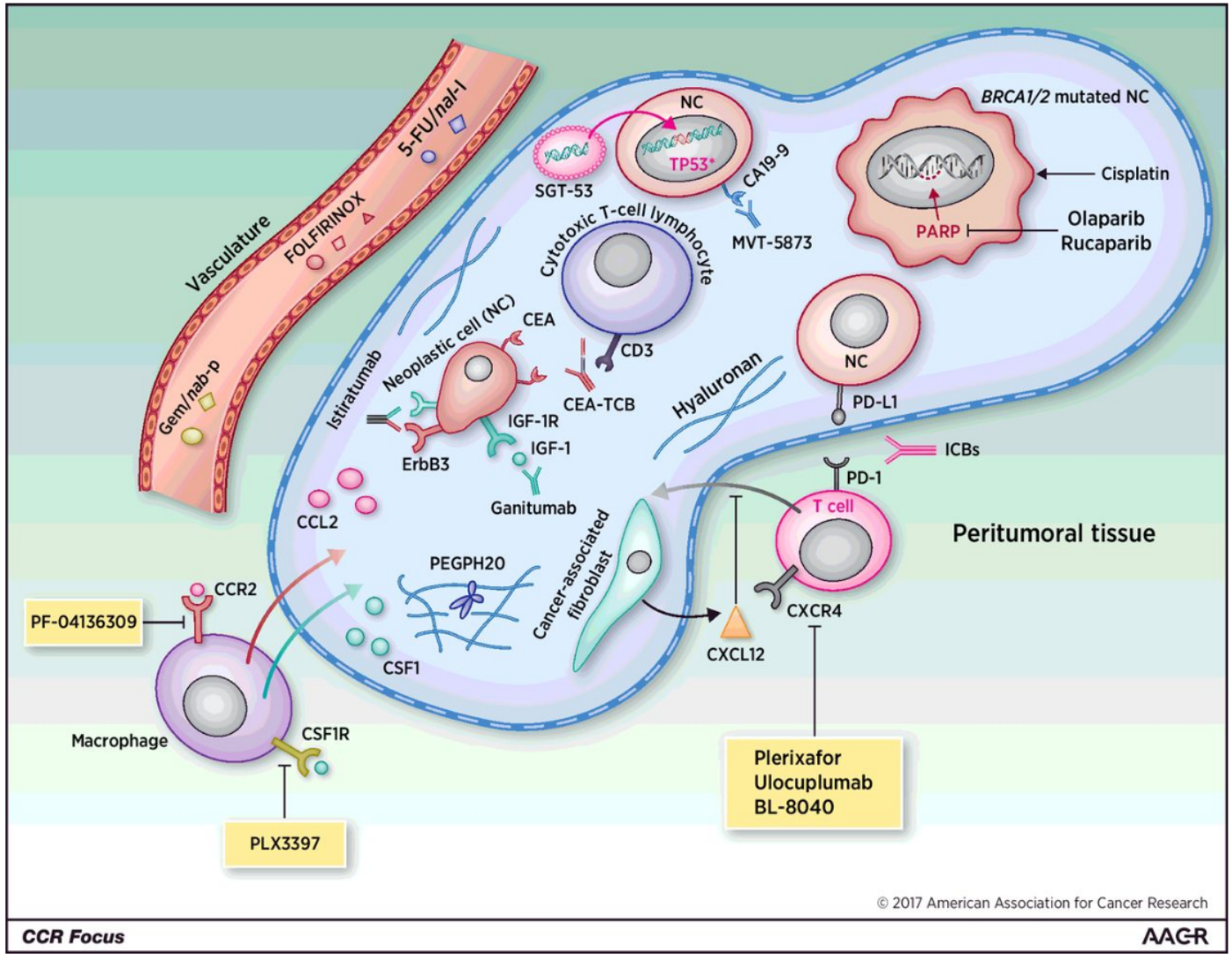
mOS	25.5m vs. 28.0m (HR 0.82)
1y OS	80.5% vs. 84.1%
2y OS	52.1% vs. 53.8%

(mOS)	R0	R1
GEM	27.9m	23m
GEM/CAP	39.5m	23.7m

Neoptolemos, JP et. al. 2017. *Lancet*. 389: 1011-24

Pancreas Adenocarcinoma – Advanced Disease

Treatment	OS
FOLFIRINOX	11.1 vs. 6.8
Gem/Abraxane	8.7 vs. 6.6m
Gem/Cisplatin (Her. & Retrosp.)	22.9 vs. 6.3m
Gem/Cape. (Meta-analysis.)	HR 0.87 (*P*=0.03)
Gem/Doce./Cape. (single arm)	11.2m
FOLFOX	
CONKO-003 (Second line)	20w vs. 13w
PANCREOX (Open label)	***6.1*** vs. 9.9m
Gem/Erlotinib	6.24 vs. 5.91m


Vasculature
5-FU/nal-I
FOLFIRINOX
Gem/nab-p
NC
TP53*
SGT-53
CA19-9
MVT-5873
BRCA1/2 mutated NC
Cisplatin
PARP
Olaparib
Rucaparib
Cytotoxic T-cell lymphocyte
CD3
CEA-TCB
Neoplastic cell (NC)
CEA
Istiratumab
ErbB3
IGF-1R
IGF-1
Ganitumab
Hyaluronan
NC
PD-L1
ICBs
PD-1
T cell
CCL2
PEGPH20
Cancer-associated fibroblast
CXCL12
CXCR4
Peritumoral tissue
CCR2
PF-04136309
CSF1
Macrophage
CSF1R
PLX3397
Plerixafor
Ulocuplumab
BL-8040
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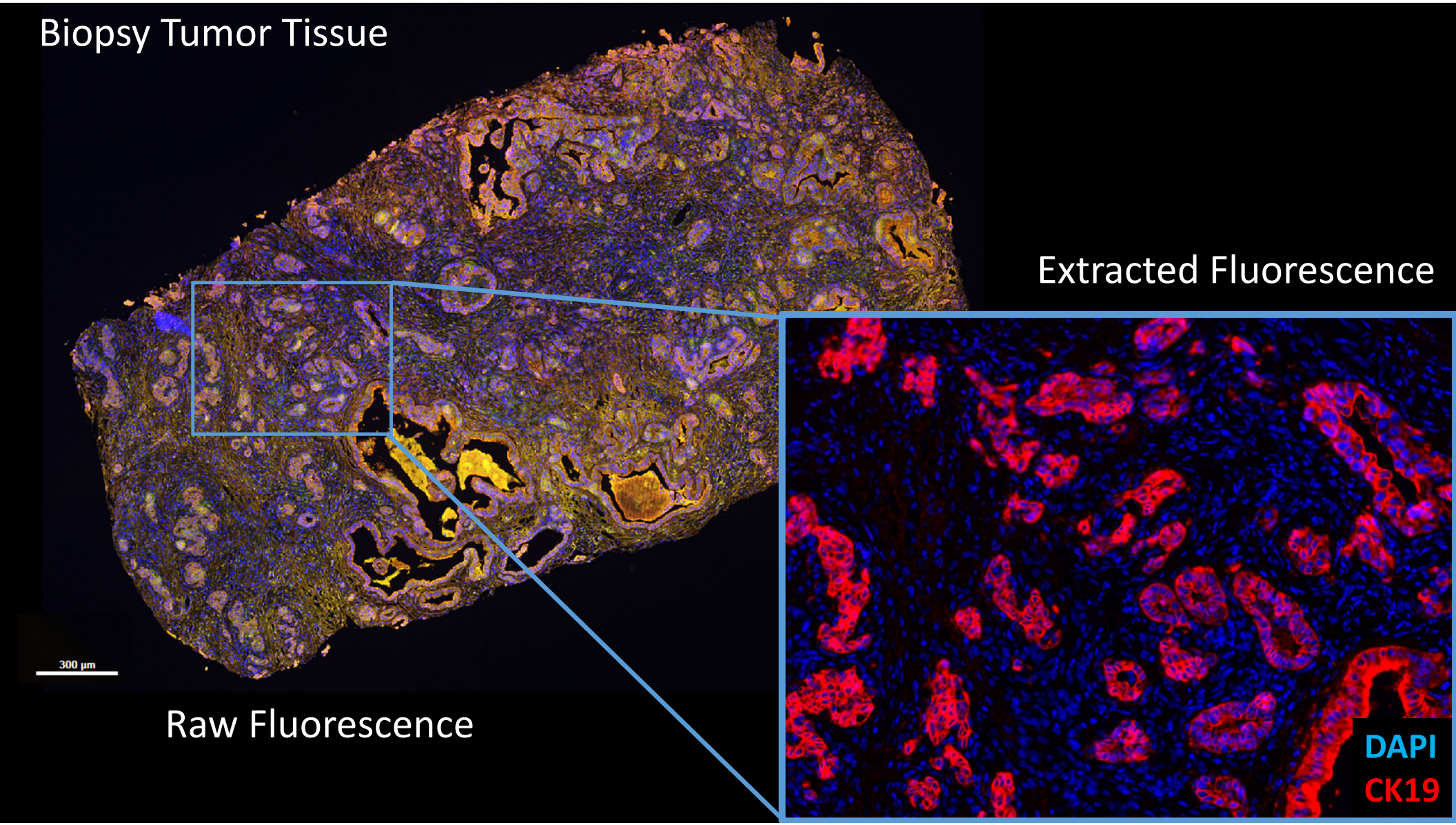
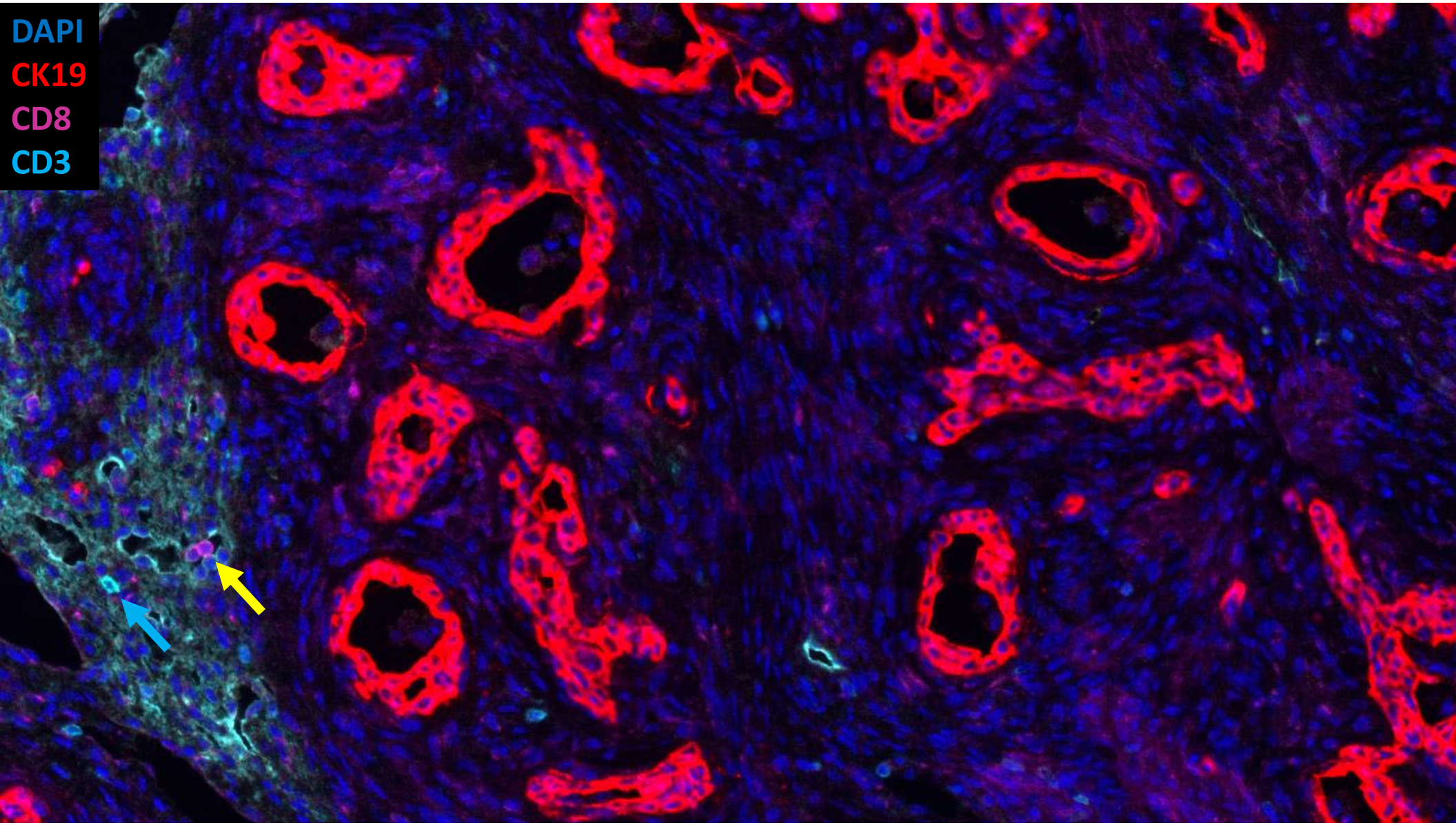
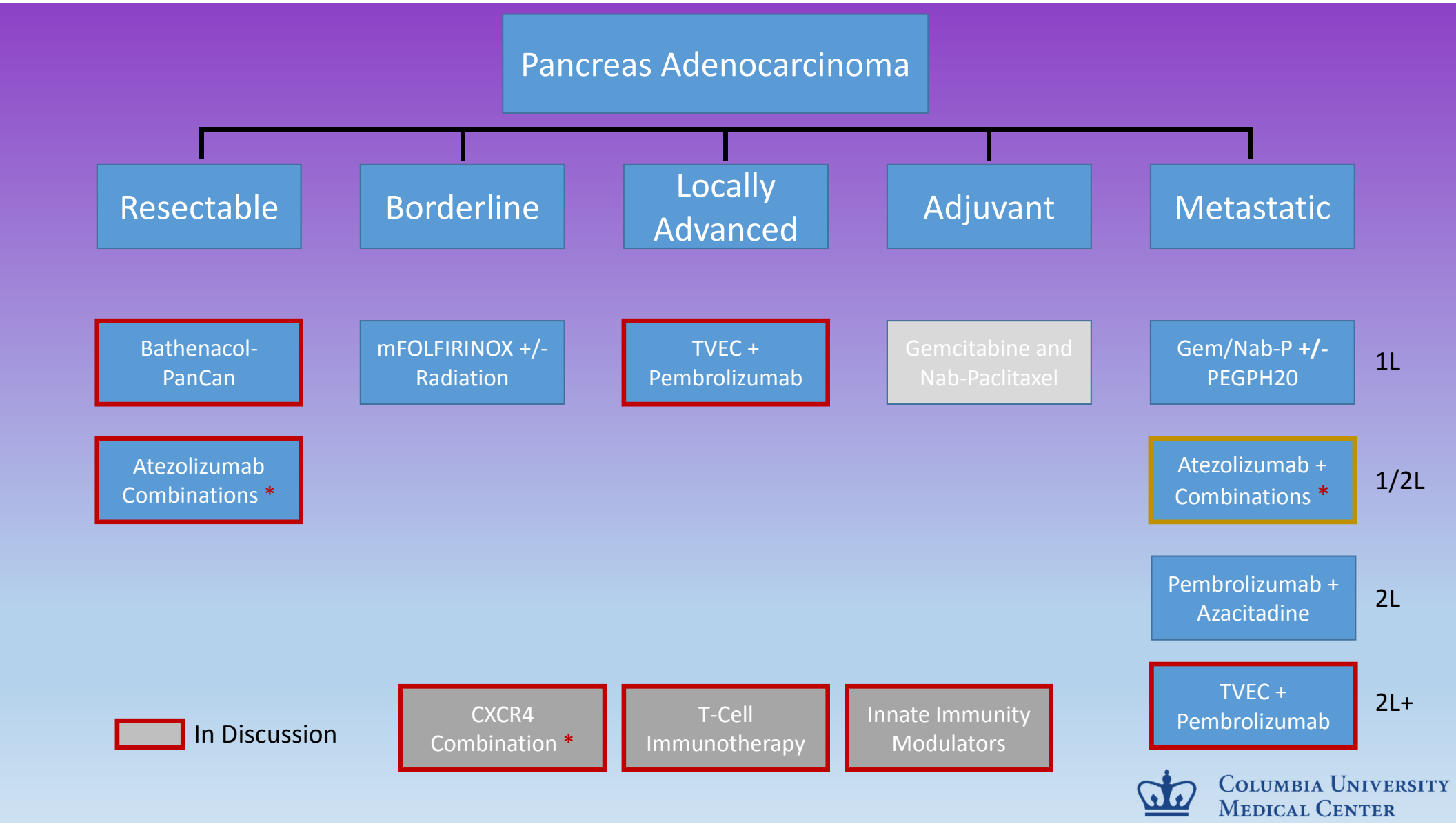
CCR Focus
AACR

Immunotherapy

https://www.youtube.com/watch?v=asT5pvccpZ4


Biopsy Tumor Tissue
Extracted Fluorescence
300 µm
Raw Fluorescence
DAPI
CK19


DAPI
CK19
CD8
CD3


Pancreas Adenocarcinoma
Resectable
Borderline
Locally Advanced
Adjuvant
Metastatic
Bathenacol-PanCan
Atezolizumab Combinations *
mFOLFIRINOX +/- Radiation
TVEC + Pembrolizumab
Gemcitabine and Nab-Paclitaxel
Gem/Nab-P +/- PEGPH20
Atezolizumab + Combinations *
Pembrolizumab + Azacitadine
TVEC + Pembrolizumab
1L
1/2L
2L
2L+
In Discussion
CXCR4 Combination *
T-Cell Immunotherapy
Innate Immunity Modulators
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Muzzi Mirza Pancreatic Cancer Prevention and Genetics Program

Elana Levinson MS, MPH, CGC
Certified Genetic Counselor

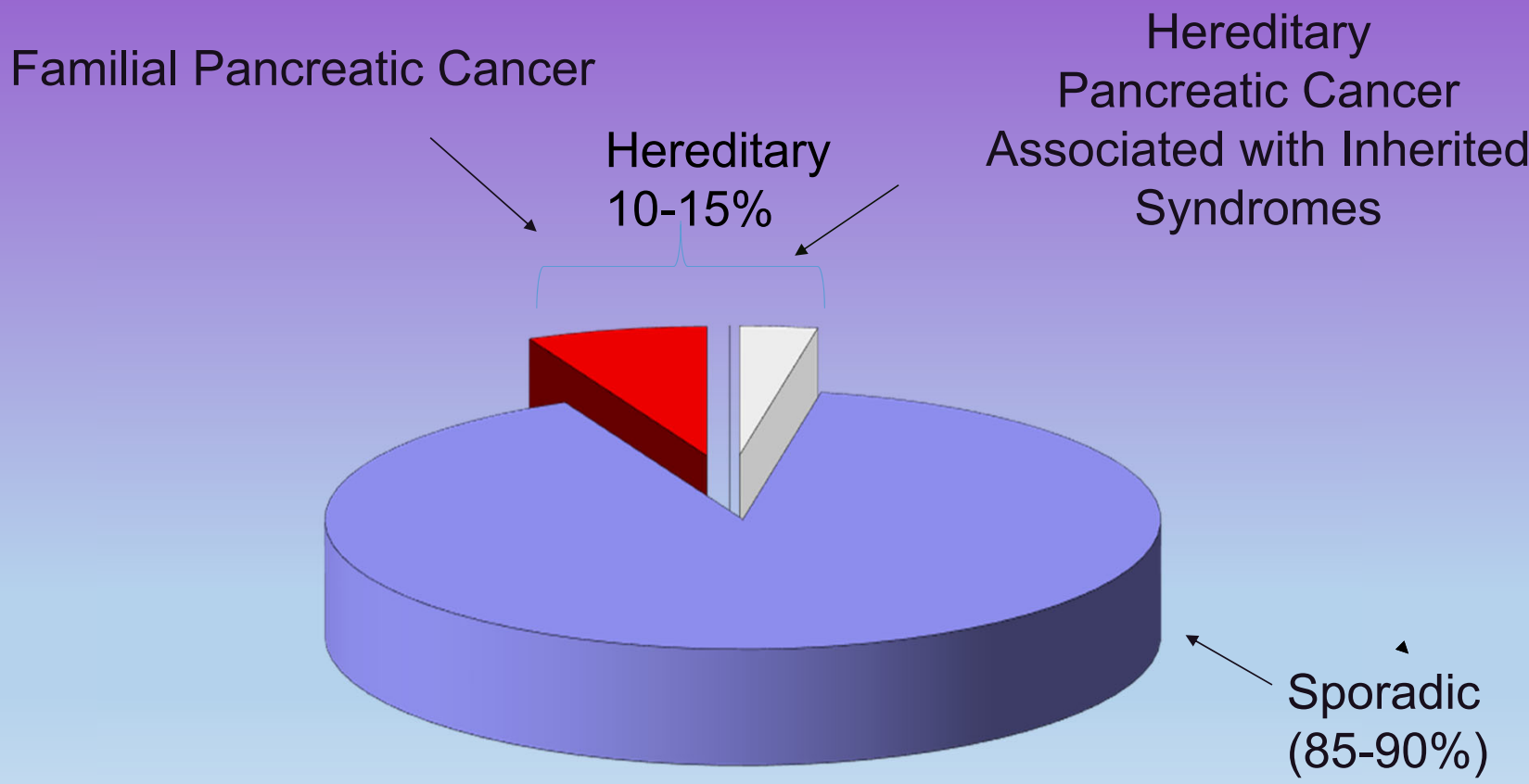
Muzzi Mirza Pancreatic Cancer Prevention & Genetics Program Goal

Improve early detection of pancreatic cancer for healthy individuals at high risk

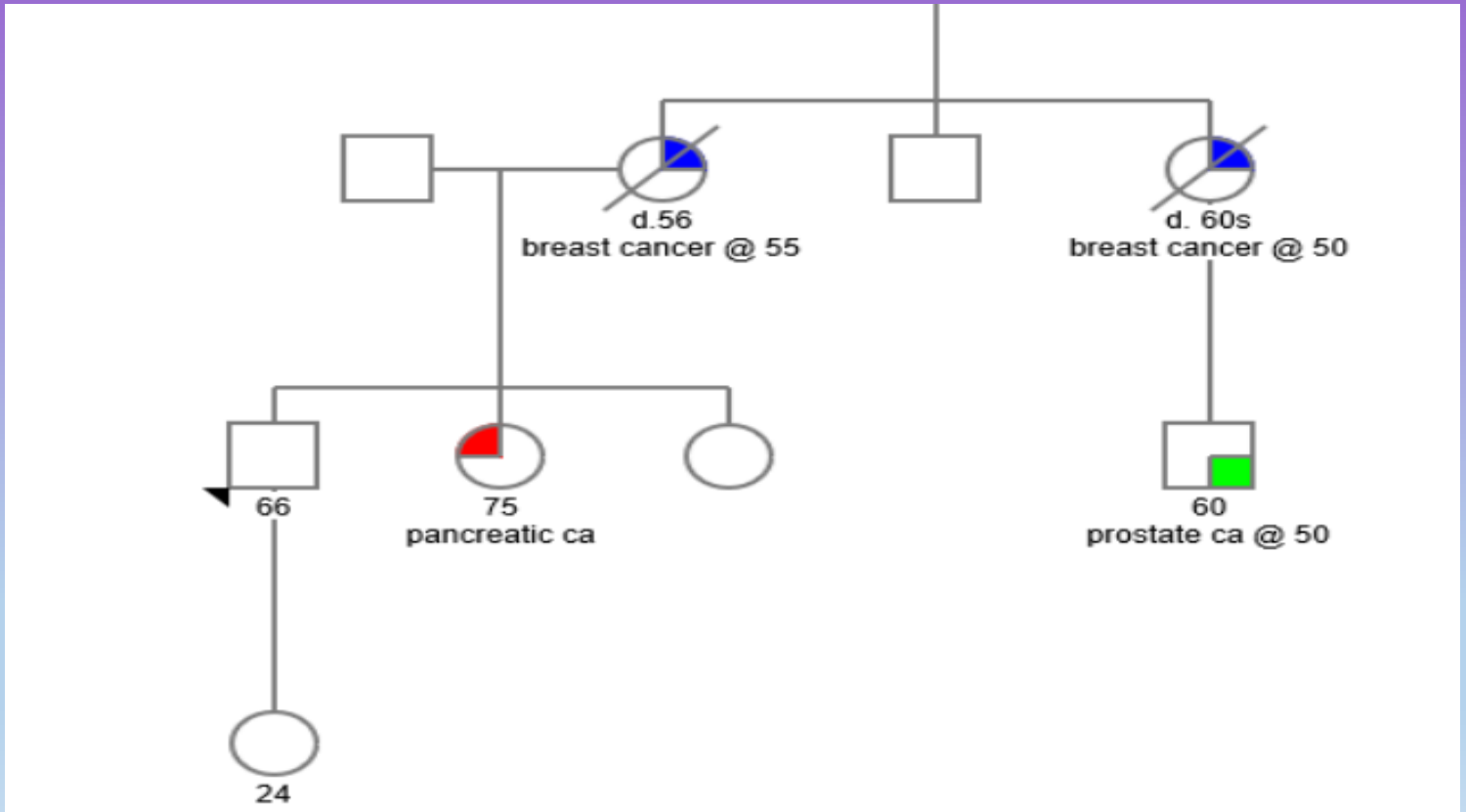
- Risk Assessment
  - Personal and family history of cancer
  - Personalized genetic testing

- Annual pancreatic cancer surveillance

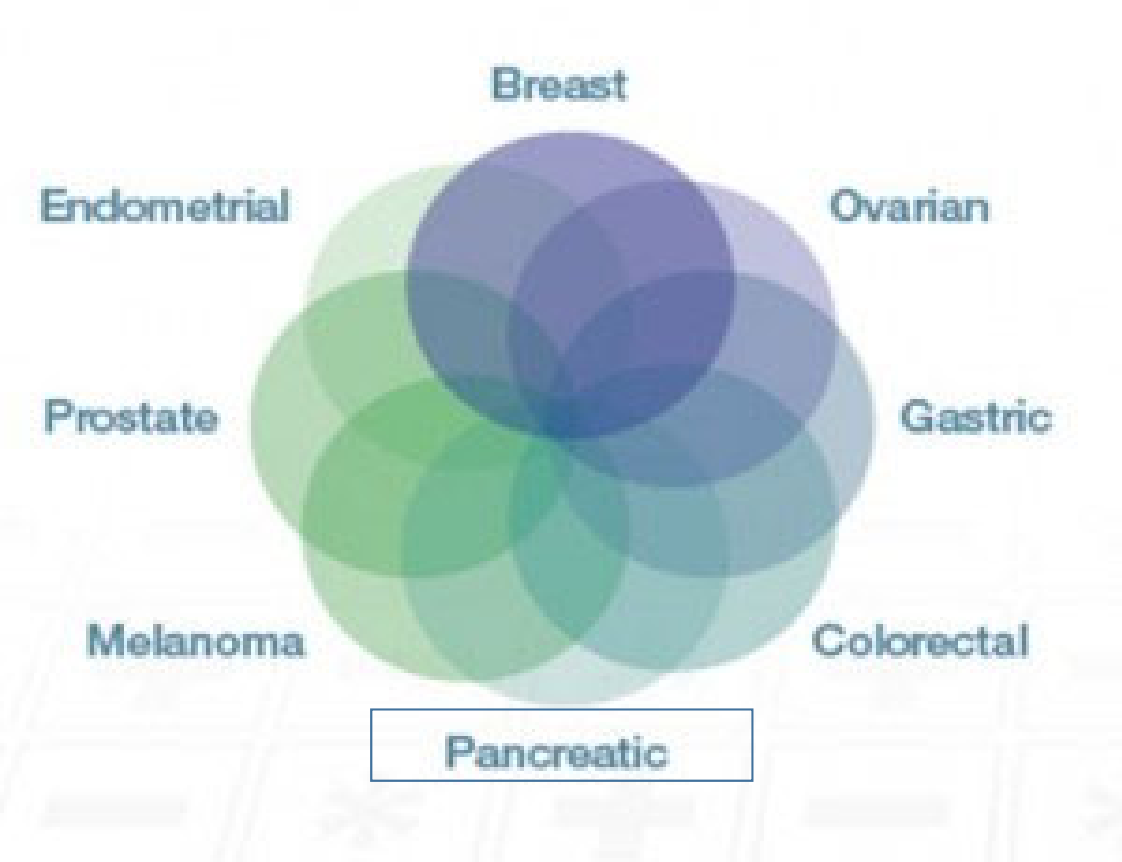
Hereditary Pancreatic Cancer



Pancreatic Cancer Associated with Inherited Syndromes



Pancreatic Cancer is Associated with Multiple Inherited Cancer Syndromes



Pancreatic Cancer Risk in Genetic Disorders

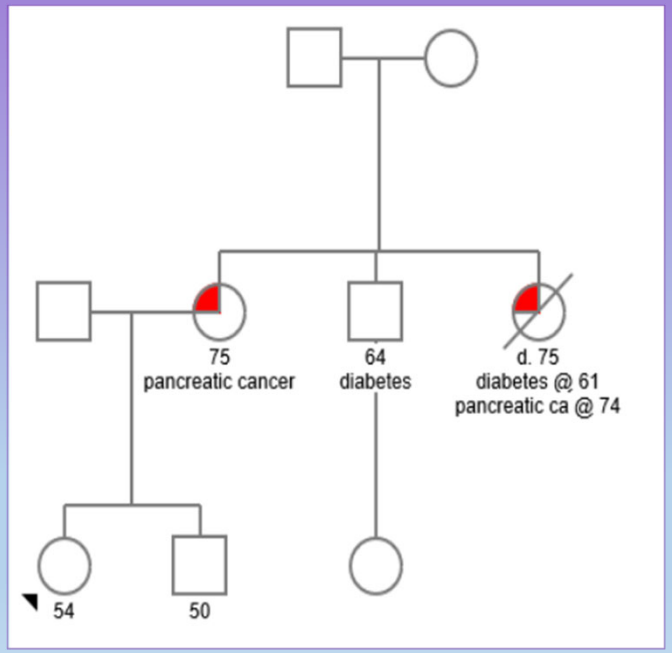
General Population Risk for Pancreatic Cancer < 1%

Gene	Associated Cancers	Lifetime risk of pancreatic cancer
BRCA1, BRCA2	Breast, ovarian, melanoma, prostate**, pancreas**	2-4%
ATM, PALB2	Breast, gynecological?, prostate?, **pancreas**	Increased
MLH1, MSH2, MSH6,	Colon, uterine, ovarian**, pancreas**	4%
PRSS1, SPINK1	Hereditary pancreatitis**, pancreas**	40-53%
CDKN2A	Melanoma, **pancreas**	17%
STK11	Breast, colon, gynecological, stomach, **pancreas**	36%

Familial Pancreatic Cancer

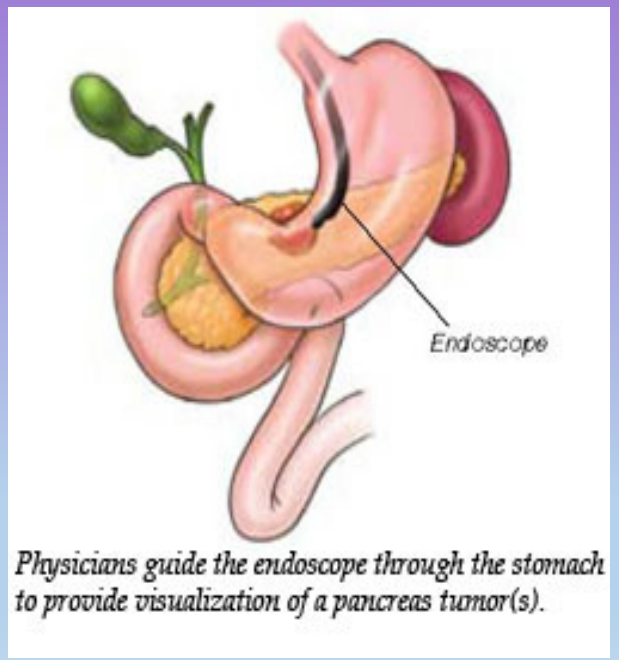
High-Risk Familial Pancreatic Cancer:

- Family with ≥ 2 relatives with pancreatic cancer
- One who is a first-degree relative
- No known cancer syndrome



Prevention & Screening for Hereditary Pancreatic Cancer

- Endoscopic ultrasound (EUS)
- Abdominal MRI/MRCP
- Monitoring of precancerous lesions (cysts); abnormal pancreatic tissue
- Surgical management (early) when appropriate



Physicians guide the endoscope through the stomach to provide visualization of a pancreas tumor(s).

Who Should Have Genetic Testing?

A) You have pancreatic cancer

B) You have a history of multiple cancers

C) You are healthy but have multiple relatives with
- Pancreatic Cancer
- Breast and/or Ovarian Cancer
- Melanoma
- Colon Cancer
- Pancreatitis

D) There is a known gene alteration in your family

E) You have a personal or family history of cancer and Ashkenazi Jewish ancestry

Benefits and Limitations of Genetic Testing

BENEFITS

- Treatment options
- Risk stratification for family members
- Surveillance for pancreatic and other cancers

RISKS/LIMITATIONS

- Other yet-identified genes
- Cost….but decreasing
- Increased anxiety

Insurance Coverage and Discrimination

- National Comprehensive Cancer Network (NCCN)
  - Genetic testing for all patients with pancreatic cancer
  - BRCA1 and BRCA2 genetic testing for anyone with a 1st or 2nd degree relative with pancreatic cancer

- Genetic Information Non-Discrimination Act (GINA) 2008
  - Prohibits discrimination by employers and health insurers
  - DOES NOT APPLY to life insurance, long-term care or disability insurance companies

Muzzi Mirza Pancreatic Cancer Prevention and Genetics Program

PROGRAM SERVICES

- Genetic counseling and testing
  - Risk assessment
  - Treatment implications
- Prospective screening for high-risk individuals
- Multi-disciplinary care
  - Endoscopy/gastroenterology
  - Radiology
  - Surgery
  - Oncology
  - Pathology
  - Case conference

The Pancreas Center

Visit us at the…
Muzzi Mirza Pancreatic Cancer Prevention and Genetics Program

For Appointments: 212-305-9337

Fay Kastrinos, MD, MPH
Elana Levinson, MS, MPH
Shawn Bell
Clarissa Alvino
Elizabeth Silverio

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NewYork-Presbyterian

Coping Strategies at a Time of Distress

Ian J Sadler Ph.D.

Clinical Health Psychologist

The Pancreas Center

CUMC/NYP-Psychosocial Oncology

Herbert Irving Comprehensive Cancer Center

Disclosures

I have no financial relationships with any commercial companies

I did not receive any financial support from any commercial company

I will not be discussing any unlabeled/investigated uses of a commercial product

Acknowledgements

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- Steering Committee: Yeraz Meschian, Ph,D., William Redd, Ph.D., Kate DuHamel, Ph.D. and Matthew Loscalzo, LCSW

- Paul Jacobsen, Ph.D., Paul Green, Ph.D., Sonia –Ancoli-Israel, Ph.D., William Breitbart, MD

- Early healers, Philosophers, Buddhists, Rabbis, Monks, Pavlov, Freud, Skinner, Beck, Burns, Barlow, Seligman, Hayes, Linehan, Neff, et al

Objectives

- Clinical Health Psychologist Role
- Normal fear and sadness
- Introduction to some of the CBT and related evidence based strategies used with cancer patients
- Resources

Clinical Health Psychology

- Brief-problem/solution focused Treatment-specific (DAFIP)
- 1-4? visits
- Flexible-infusion center, brief office, switching gears-not one size fits all approach
- Coaching approach-destigmatizing

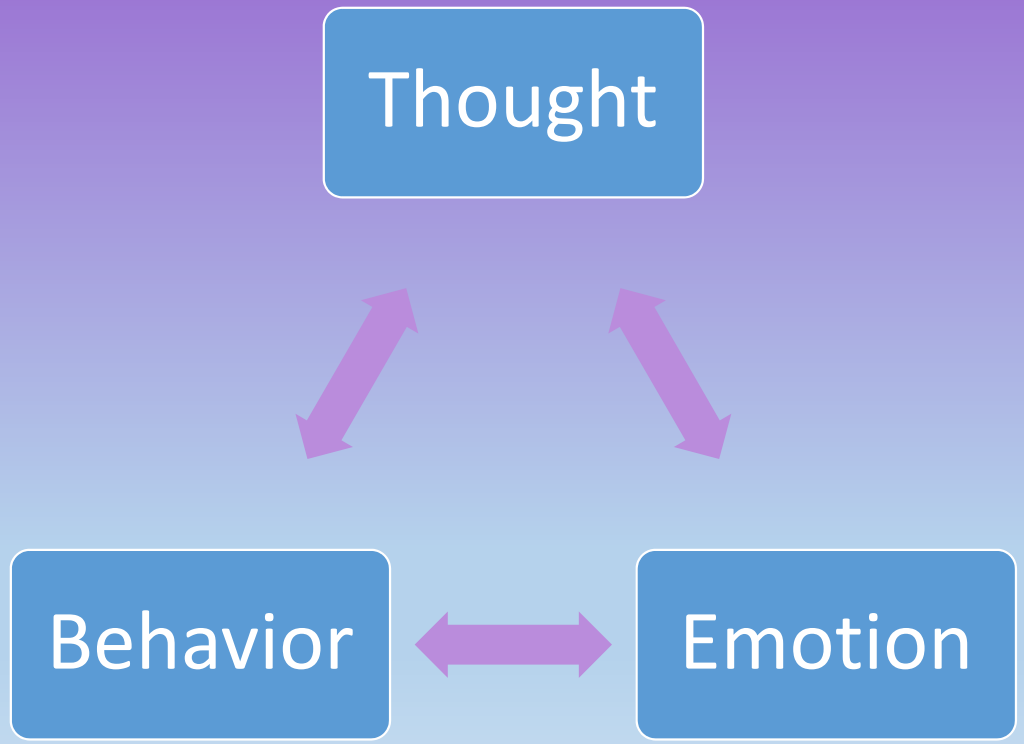
Normal Fear and Sadness

- It's OK to worry and experience a range of emotions once diagnosed and as you navigate TX challenges
- ACT approaches
  - Approaching vs. avoiding
- The challenge: How to strategically manage it?

What is the Cognitive Behavioral Approach

- An empirically based mental health treatment
- Based on the work of Albert Ellis and Aaron Beck- popularized by the work of David Burns (dep) David Barlow (anx)
- CBT concept: Our thoughts and feelings play a fundamental role in our behavior

CBT Triangle



CBT Interventions:

- Cognitive restructuring (D, A, F, I, P)
- Behavioral Activation (D, A, F, I, P)
- Relaxation Training (D, A, F, I, P)

Cognitive Restructuring Process

- Intrusive thoughts normal-can't prevent, powerful, worry is normal
- Thought monitoring-say hello
- Gentle thought challenging
- Cued relaxation
  - Lowering the volume
  - Open posture vs. closed/guarded posture

What is Behavioral Activation?

- Evidence based treatment for depression and other mood disorders
- As effective as cognitive therapy in the treatment of depression (Jacobsen et al, 1996)
- Behavioral activation is based on the theory that as individuals become depressed they tend to increase avoidance and isolation which serves to maintain or worsen their symptoms (Lewinsohn's SRT, 1974)
- "Outside in" treatment-not talking about their thoughts and emotions

Relaxation training and more.
Cognitive restructuring integration-cued relaxation

- Diaphragmatic/Belly breathing
- Mindfulness Meditation Practice
- Progressive Muscle Relaxation
- Guided Imagery
- Distraction-tapping
- Open vs. Closed Body posture

Resources

- Social Work-Support Group
- Mind-Body Wellness consultant
- CAM
- Music Therapy-Sound Bath
- Meditation
- Palliative Care
- Chaplain
- Psychiatry
- Psychology

Summary

You can live your life
with a cancer diagnosis!

The Pancreas Center

Columbia University Medical Center
Herbert Irving Comprehensive Cancer Center

NewYork-Presbyterian

The Pancreatic Cancer Support Group

E. Angela Heller LMSW
Oncology Social Worker

PANCREATIC CANCER PYSHO-EDUCATIONAL SUPPORT GROUP

This group meets at the Columbia University Medical Center, Herbert Irving Pavilion – 5th Floor

3rd Tuesday of each month

4 - 6pm

Free Parking! Light dinner served.

The Benefits of Support Groups

- Support groups give patients and caregivers a chance to talk about their experiences with others living with cancer.

- Group members can share feelings or experiences that may be too difficult to share with family or friends.

The Benefits of Support Groups continued

- Support group members also discuss practical matters.
  - What to expect during treatment
  - Communication with healthcare team and family members
- Exchanging information can reduce feelings of helplessness and isolation.

Pancreatic Cancer Support Group

- For patients and their caregivers/loved ones
- Speakers are invited monthly (MD's, Geneticists, Nutritionists, NP's, Complimentary Medicine Practitioners, Pastoral Care etc.)
- Social Work led support group follows speaker portion of each session

Resources for Pancreatic Cancer Patients and their Families

PANCAN: The Pancreatic Cancer Action Network

Patient and Caregiver Support

1-877-272-6226

www.pancan.org

https://www.pancan.org/section-facing-pancreatic-cancer/find-support-resources/online-support-groups/

Pancreatic Cancer
SUPPORT GROUP

The Pancreatic Cancer Support Group will provide positive support to patients who are currently being treated for pancreatic cancer. We look to encourage one another, share information, and provide resources. Guest speakers will participate in some of the monthly group meetings. Family & Caregivers are welcome!

The Pancreas Center

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

Columbia University Medical Center
Herbert Irving Comprehensive Cancer Center

NEW PERMANENT LOCATION!
Herbert Irving Pavilion
161 Ft Washington Avenue
12th Floor – Dermatology Conference Room
NY, NY 10032

EVERY 3rd TUESDAY OF THE MONTH
4PM – 6PM

Light refreshments will be served!

Free Parking!

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Thank You!

Francine Castillo, MS
Director, Practice Operations
Department of Surgery

ACKNOWLEDGEMENTS

Jointly sponsored by NewYork-Presbyterian/Columbia University Medical Center, The Pancreas Center,
The Muzzi Mirza Pancreatic Cancer Prevention & Genetics Program and
Herbert Irving Comprehensive Cancer Center

WE WOULD LIKE TO THANK THE FOLLOWING COMPANIES FOR THEIR GENEROUS SUPPORT

New York Presbyterian Hospital Digestive Service Line
AbbVie, Inc.
Allergan
Boston Scientific Corporation
W.L. Gore & Associates

Lustgarten Foundation
Pancreatic Cancer Action Network

THANK YOU TO OUR VOLUNTEERS TODAY

Connect4Cancer High School Club
East Side Newark High School

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- We encourage you to **visit the exhibit tables** set up in the Riverview Terrace.
- Please **complete & submit** your **evaluation form** located in your program folder. Your feedback is valuable to us and the planning of future programs.
- Light Refreshments will be served
- Don’t forget to ask for a parking pass!

THE PANCREAS CENTER TEAM

For Appointments and Questions Please Feel Free to Give Us a Call At 212-305-9467

The Pancreas Center